

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400100052-0

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

299

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1130

To

(Payee)

PAID BY

SAPC 7654
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				1,622	20
Use continuation sheet(s) if necessary							
Shipped from to Weight Government B/L No.				Total \$ 1,622 20			

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

STATINTL

Date 6/15/

Per

Contract No. A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Appr

By

CONTRACTING OFFICER

Title

STATINTL

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVING OFFICER

STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$_____. } on Treasurer of the United States in
{ Cash, \$_____, on _____, 19____. } favor of payee named above.
Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer" as the case may be.
† If the ability to execute this form is in doubt, it is recommended that the signature of the approving officer be verified by the signature of the Treasurer of the United States, or the signature of the approving officer will sign on the line below "Approved for \$_____" and

Per

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CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 299
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 12//5/55 thru 12/31/55.					
		Other Costs					
<u>CK No.</u>	<u>PO No.</u>	<u>Vendor</u>					
16573	10511	Newark Elec.		23.11			
16634	10510	Universal Radio		130.18			
16658	-	J.L. Barrett Co., Cashier		20.40			
166846	10513	R.V. Weatherford		46.78			
166848	10500-10541	United Radio		162.36			
16973	10558	Kierluff Elec. Inc.		830.55			
16982	10548	Andrew Hardware		14.04			
16999	-	J.L. Barrett Co., Cashier		49.28			
17035	10500	United Radio		150.92			
17056	10534	Bourns Labs		194.58			
		TOTAL COSTS				1,622.20	

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